

CHANGE OF STATUTORY AGENT DOMESTIC STATUTORY TRUST

Office of the Secretary of the State
30 Trinity Street / P.O. Box 150470 / Hartford, CT 06115-0470 / Rev. 03/01/2001

Space For Office Use Only		Filing Fee: \$25.00
1. NAME OF STATUTORY TRUST:		
2. APPOINTMENT OF NEW STATUTORY AGENT:		
Print or type name of agent:	Business office address:	
	Residence address:	
Acceptance of appointment		
_____ Signature of agent		
3. EXECUTION:		
Dated this _____ day of _____, 20____.		
Print or type name of trustee	Signature of trustee	